

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | | | |
|--|---|---|-----------------------------|----------------------|-----------------|
| The C/OH INSTRUCTION GUIDE explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission filers) | | 2 Total pages filed: | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | | FIRST | MI | OFFICE USE ONLY |
| | NICKNAME | | LAST | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; | | APT / SUITE #; | CITY; | STATE; |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | | PHONE NUMBER | | EXTENSION |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | | FIRST | MI | |
| | NICKNAME | | LAST | SUFFIX | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); | | APT / SUITE #; | CITY; | STATE; |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | | PHONE NUMBER | | EXTENSION |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 1 / 1 / 05 6 / 30 / 05 | | | | |
| 11 ELECTION | ELECTION DATE Month Day Year | | ELECTION TYPE | | |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if known) | | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS | ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code | | | | |

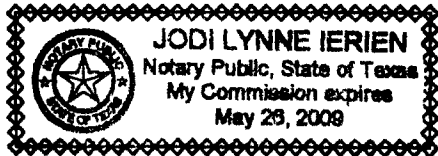
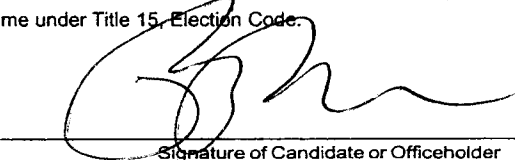
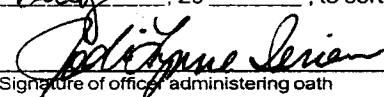
GO TO PAGE 2



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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

| | | | |
|---|---|---|--------------------|
| 15 C/OH NAME | | 16 ACCOUNT # (Ethics Commission filers) | |
| 17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages | <p>.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..</p> | | |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | <input type="checkbox"/> GENERAL | NONE | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS | |
| | | NA | |
| | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | NA | | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| | NA | | |
| 18 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ | 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 4400 ⁰⁰ |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0 |
| 19 AFFIDAVIT | | | |
|  | | <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> | |
| AFFIX NOTARY STAMP / SEAL ABOVE | |  Signature of Candidate or Officeholder | |
| Sworn to and subscribed before me, by the said <u>Robert J. Ierich</u> , this the <u>15</u> day of <u>July</u> , 20 <u>05</u> , to certify which, witness my hand and seal of office. | | | |
|  Signature of officer administering oath | | <u>JODI LYNNE IERIEN</u> Printed name of officer administering oath | |
| | | <u>Notary Public</u> Title of officer administering oath | |

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POLITICAL EXPENDITURES**SCHEDULE F**

| | | | |
|--|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule F: <u>1/3</u> | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date <u>1/12/05</u> | 5 Payee name <u>Ric Gomez Campaign</u> 6 Payee address; City; State; Zip Code <u>520 Pecan St</u> <u>McAllen TX 78501</u> | 7 Amount (\$) <u>\$100.00</u> | |
| 8 Purpose of payment (See instructions regarding type of information required.) <u>Political Donation</u> | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date <u>1/31/05</u> | Payee name <u>Golden Gloves Boxing</u> Payee address; City; State; Zip Code <u>San Antonio TX 78205</u> | Amount (\$) <u>\$100.00</u> | |
| Purpose of payment (See instructions regarding type of information required.) <u>Donation</u> | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date <u>2/5/05</u> | Payee name <u>Brackenridge High School Baseball Team</u> Payee address; City; State; Zip Code <u>600 Eagleland Drive</u> <u>San Antonio TX 78212</u> | Amount (\$) <u>\$100.00</u> | |
| Purpose of payment (See instructions regarding type of information required.) <u>Donation</u> | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date <u>2/7/05</u> | Payee name <u>San Antonio Live Stock Exposition</u> Payee address; City; State; Zip Code <u>3201 E. Houston St.</u> <u>San Antonio TX 78207</u> | Amount (\$) <u>\$300.00</u> | |
| Purpose of payment (See instructions regarding type of information required.) <u>Donation</u> | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |

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POLITICAL EXPENDITURES**SCHEDULE F**

| | | | |
|---|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule F: 2/3 | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 4/20/05 | 5 Payee name St Leo's Catholic Church | 7 Amount (\$) \$250.00 | |
| 6 Payee address; City, State; Zip Code 4401 So. Flores San Antonio, TX | | | |
| 8 Purpose of payment (See instructions regarding type of information required.) Donation | | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held | |
| Date 4/28/05 | Payee name WM SALSA | Amount (\$) \$1000.00 | |
| Payee address; City, State; Zip Code 4730 S.E. Loop 410 San Antonio, TX 78207 | | | |
| Purpose of payment (See instructions regarding type of information required.) Donation to Education Fund | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held | |
| Date 5/5/05 | Payee name Mexican American L.L.D. | Amount (\$) \$1000.00 | |
| Payee address; City, State; Zip Code Austin, TX | | | |
| Purpose of payment (See instructions regarding type of information required.) Donation | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held | |
| Date 5/30/05 | Payee name Alice Salsas | Amount (\$) \$50.00 | |
| Payee address; City, State; Zip Code 462 Mary Louise San Antonio TX 78201 | | | |
| Purpose of payment (See instructions regarding type of information required.) Services Rendered for event | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held | |

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POLITICAL EXPENDITURES**SCHEDULE F**

| | | |
|---|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule F: <i>3/3</i> |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date <i>6/12/05</i> | 5 Payee name <i>Manuel S. Perez</i> | 7 Amount (\$) <i>\$1500.00</i> |
| 6 Payee address; City; State; Zip Code <i>54 Vaughan San Antonio TX 78201</i> | | |
| 8 Purpose of payment (See instructions regarding type of information required.) <i>Services Rendered</i> | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) <i>05 JUL 15 PM 3:57</i> |
| Purpose of payment (See instructions regarding type of information required.) | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of payment (See instructions regarding type of information required.) | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of payment (See instructions regarding type of information required.) | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

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